## Dear Members of the CT House,

I write as a board member of True Dignity, a grassroots group of citizens from Vermont and other states. We oppose assisted suicide on the grounds that it flouts the choice it claims to serve and is therefore very dangerous. You can find more information at <a href="https://www.truedignity.org">www.truedignity.org</a>. We urge the members of the CT House to defeat HB 5898, which, whatever euphemisms are used to name it, is an assisted suicide bill.

The fact is that all people have the means to commit suicide by poisoning with prescribed, overthe-counter or illegal drugs. If this were not true, poisoning would not be the most common means of suicide among US women, also responsible for a significant portion of male suicide deaths. Our society recognizes that suicide individually chosen is seldom freely chosen, recognizes suicide as a public health problem, and attempts to stop it. Nevertheless, an individual choice approaches true choice more fully than a doctor-mediated one. In legal assisted suicide, a doctor is the one making the final choice about who does and doesn't get a prescription for a lethal dose of barbiturates, along with instructions on using them to cause death and accompanying medications to decrease the chances of their not causing it. Nothing in these laws prevents doctor-shopping. A person close to the patient can be a legal witness to the freedom of his decision, despite the fact that statistics about elder abuse show that patients seldom report emotional or physical abuse from those caring for them. How can the doctor really know that a person requesting suicide is not being pressured by one of the witnesses or another person? Doctors are also biased against sickness and the disability that goes with it; last week a friend's doctor told her that, if he had all the ailments she does, he would be taking "cocaine or something". How can we trust a doctor's to be objective, especially if he is among the minority of doctors willing to prescribe drugs to be used for killing.

Once the patient receives the prescription, there are no protections at all. Anyone can pick it up. No witnesses to the death are required, which means a frustrated caregiver or an heir wishing to hasten his inheritance can pressure or force the patient to take it. We are told that a third of patients getting the prescriptions don't use them. Of those who do, we have no way of knowing whether they did so freely. Even if a patient fought against taking the drugs to the point that his body was covered with bruises, it would be assumed that these were the result of his age or illness. The cause of death would be falsified, by legal requirement. No investigation would take place. Legal assisted suicide would have been responsible for a murderer's impunity. No one is safe from assisted suicide. The rich, not commonly considered vulnerable, are in fact as vulnerable, or more vulnerable, than the disabled and poor.

Assisted suicide in Vermont became legal in 2013. It takes place in complete secrecy, so no one can boast that there have been no problems with it. A recent article in the Journal of Anaesthesiology found that the incidence of complications, including possible pain, is high enough to warrant a recommendation for continuous, medically- monitored anesthesia during all assisted deaths. Yet Compassion and Choices advertises assisted suicide with speaking tours. We see the occasional newspaper article in which relatives (the most likely perpetrators of an unpunished crime) describe a "beautiful" assisted suicide death, in direct contradiction to the suicide prevention rule against romanticizing such deaths. Doctors, however unwilling, are required to at least answer patients' questions about it by directing them to the internet. The

only thing we know for certain is that one old woman, healthy except for a fall injury, became agitated in a nursing home and later told her daughter, who told her state representative, that the staff had repeatedly come to her room to inform her that she could request assistance in suicide. Not only was this illegal unless age itself is considered a terminal illness, but the old woman experienced it as direct and very frightening pressure.

In the meantime, the population of Vermont continues to shrink. Despite the beauty of the landscape, people don't want to live here; we have become a vacation-only state. My husband and I tried to move to a safer state, but we had to move back after finding it impossible to sell our house. We go across state lines to find medical care in places where assisted suicide is not a legal option. We live close to a state line and have an agreement that we will only go to an out-of-state hospital, not calling an ambulance even in an emergency. We have made advance directives specifically stating that we don't want to be offered assisted suicide as an "option". We love Vermont but regret retiring here and would not recommend it to anyone else. This is a personal tragedy, and it is also a tragedy for the many others without the ability to take the steps we have taken to protect ourselves. It is a tragedy for the state itself, which is now offering financial incentives to people to move here.

CT lawmakers have rejected attempts to legalize assisted suicide many times, understanding well the risks involved. The risks have not diminished. Please reject HB 5898.

Thank you, Carolyn H. McMurray 111 Chunks Brook Road Arlington VT 05250 802-375-6537